

Instructions: Please type or print clearly. Form must be filled out completely.

OPERATOR/DRIVER FULL NAME (FIRST, MIDDLE, LAST)	DOB
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LIST ALL ALIASES (USE ADDITIONAL PAGES IF NECESSARY)

COMPANY NAME	JOB TITLE/CLASSIFICATION			
DRIVER LICENSE NUMBER	STATE	EXPIRATION DATE	LICENSE CLASS	ENDORSEMENTS
MEDICAL CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL CERTIFICATE EXPIRATION DATE			

NUMBER OF YEARS EXPERIENCE AS A TOW TRUCK OPERATOR/DRIVER IN THE FOLLOWING CHP CLASSES:

Class A: _____ Class B: _____ Class C: _____ Class D: _____

OPERATOR/DRIVER PRESENTLY ENROLLED IN DMV PULL NOTICE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR/DRIVER EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, EXPLAIN CIRCUMSTANCES. INCLUDE CRIMES COMMITTED, SECTIONS VIOLATED, DATE OF CONVICTIONS, COUNTRY, STATE, AND COUNTY WHERE CRIMES WERE COMMITTED.
(USE ADDITIONAL PAGES IF NECESSARY)

I certify that the above information is true and correct, and that no omissions have been made.

- The Operator and Driver are advised that giving false information to a peace officer, either orally or in writing, is a misdemeanor pursuant to Vehicle Code Sections 20 and 31.

OPERATOR'S/OWNER'S SIGNATURE		DATE
TOW DRIVER'S SIGNATURE		DATE
RECEIVING OFFICER'S NAME	ID NUMBER	DATE

FOR CHP USE ONLY:
☐ APPROVED ☐ DISAPPROVED

If an individual is not approved, provide tow operator with a written reason for the action and attach a copy of the reason to this form.